

# NATIONAL Assessment Centre Services.

(wef 1 Jan 05) *My 12 0045914*

Date In: <i>19/12-12/15</i>	Job description	Date & Time Completed	Done by
Ref No: <i>NAJ-NC 2005806/14</i>	SAS e-filing		
Veh No: <i>5J78915J</i>	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: <i>4/4/20 - R-31</i>	i-Motor Claim Form	<i>17/10/2007-01 19/12/20 12:27</i>	
OD / TP / Reporting <i>Only</i>	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: *5J78915J*

INC ( ) / Non-INC ( )

Owner / Driver: (

Tel:

Policy No: (

Period: (

Cover Type: (

Confirmed by: (

Date:

Time:

Insured/Driver Liability: ( %) [Note-Est. Status (WO): N: 0-20%; P: 21-79% P: 80-100%]

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Excess: (\$) Loading: \$1,000 ( ) / \$2,000 ( )

General Remarks:-

( ) Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks:-	(INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )			
2) QC Check / Post Repair Inspection ( )			
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )			

Injury: \_\_\_\_\_

Date/Time

Actions

Claimant's Particulars:-	Invoice Preparation Checklist	Am't (\$) Est Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
	5) RT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD*		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Auditors' Comments:-

Pat. 1:

Pat. 2 / 3:



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	19/05/2020 12:15
Date Of Accident	04/04/2020 18:30
Exact Location Of Accident	EAST COSAT PARK SERVICE RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT8915J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NEW AUTODRIVE CREDIT (S) PTE LTD
Co Reg No	2XXXXX137E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90991331
Alternative Phone No	OFFICE-90991331

### Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA3 1.6L SDN LUX
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5113127491
Cover Note Number	

### Driver

Name of Driver	CHOW WEN FENG
NRIC No	SXXXX230Z
Date Of Birth	23/05/1995
Occupation	OUTDOOR
Date Of Driving Pass	17/04/2015
Driving Experience	4 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90262975
Fax Number	
Contact Number	OFFICE-90262975
E-Mail Address	NOEMAIL

Address	BLK 629 BEDOK RESERVOIR ROAD #02-1620
Postcode	470629
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKJ2070B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

**8. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

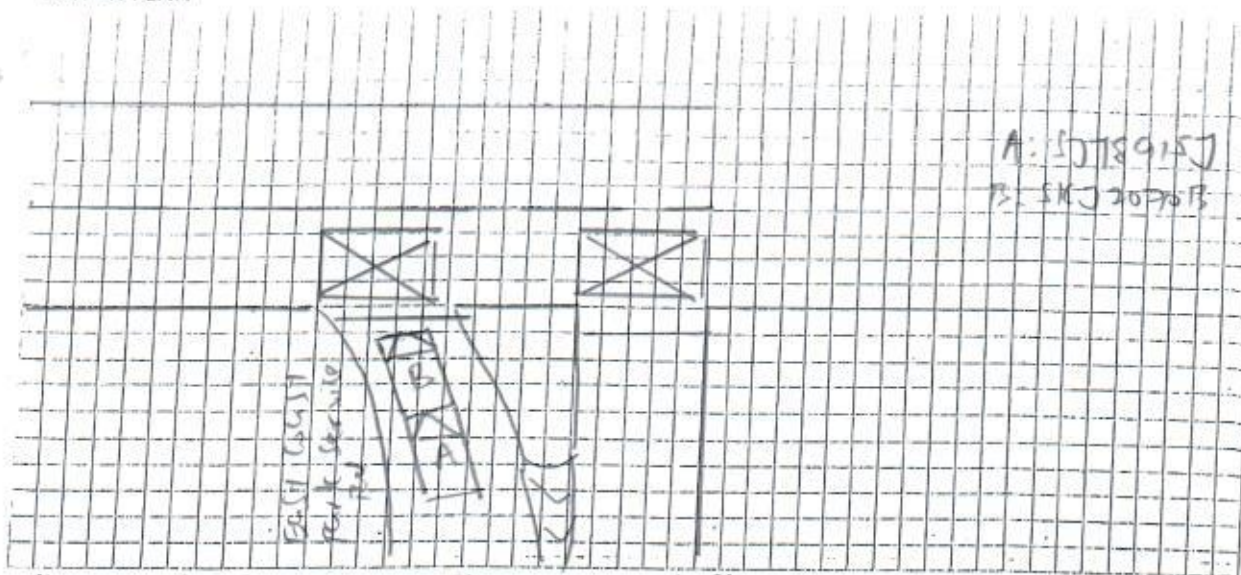
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my Insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all Insurer(s) who have insured vehicle(s) involved in this accident (all Insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

**NEW AUTODRIVE CREDIT(S) PTE LTD**  
**210 Fidd Club Road, Lot B40**  
**Singapore 287995**

Policyholder's Signature  
 Date & Time:

Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:

Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Statement.

A large rectangular area with horizontal lines for writing. A blue diagonal line is drawn across the middle of this section.

DECLARATION

(We declare the foregoing particulars are true in every respect.)

**NEW AUTODRIVE CREDIT(S) PTE LTD**  
 210 Turf Club Road, Lot B40  
 Singapore 287995

Date & Time:

Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:

Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:

ON STATED DATE AND TIME, AS I APPROACHED THE SLIP RD OF EAST COAST  
PARK SERVICE RD. VEHICLE B WAS STATIONARY STOPPED IN FRONT OF MY  
VEHICLE. WHEN HE STARTED TO MOVED OFF A LITTLE, AND HE STOP  
IMMEDIATELY. I COULDN'T REACT IN TIME. MY VEHICLE FRONT PORTION INTACT  
WITH VEHICLE B REAR PORTION.



# ACCIDENT STATEMENT

ACCIDENT DATE: (4 / 4 / 12) (DD/MM/YYYY), TIME: (18 : 30) (HH:MM)

LOCATION: East Coast Park Service Rd.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJ784ND  
b) INSURANCE COMPANY: N7JC  
c) POLICY NUMBER: 5113127091  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL:  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Working  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: New Automotive Credit (S) Pte Ltd (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: CONTACT: 92991331  
c) ADDRESS:

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: Chow Wan Hong (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 5012702 CONTACT: 9026 2475  
c) ADDRESS:

\*d) DATE OF BIRTH: (23 / 5 / 1995) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE:

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Air -

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SJG 20708 MODEL:

b) DRIVER'S NAME:

c) NRIC/FIN/PASSPORT: CONTACT:

## 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: MODEL:

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT: CONTACT:

Email =

fax =

VIDEO = X

eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="04/04/2020 18:30"/>							
Vehicle No.(For Motor)	<input type="text" value="SJT8915J"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5113127491		NEW AUTODRIVE CREDIT (S) PTE. LTD.	201223137E	GPC	drive CLASSIC	SJT8915J	SJT8915J	04/10/2019	03/10/2020
<input type="button" value="Continue"/>										



### Claim Handling

Accident MT/1091227

Policy No.	5113127491	Vehicle No.	SJ7891SJ	GST Registration No.	201223137E
Certificate No.					
Policyholder Name	NEW AUTODRIVE CREDIT (S) PTE. LTD.			Policyholder NRIC	201223137E
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No. (Mobile)	NIL	Contact No. (Office)		Contact No. (Home)	
Email Address		Special Remark		eCode	<div><div></div><div></div></div>
KfK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	aCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
<div><div></div> Accident Details</div>					
Report Date	10/04/2020 16:25	Accident Report Within 24 hrs.	Yes	Accident Type	Collision - Head to Rear
Date of Accident	04/04/2020	Time of Accident hh:mm	18:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	FILTER LANE TOWARDS EAST COAST PARK SERVICE RD				
<div><div></div> Total Excess Applicable</div>					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess		YIED TP Excess		Driver is Covered?	Not Applicable
Additional Excess	1000				
Total OD Excess Applicable	3000.00	Total TP Excess Applicable	1,500.00		

### Benefits

## GST Registered Information

GST Registered	Yes	GST Registration Date	01/09/2017
GST Registration No.	2012231378	GST Status Verified	Yes
Modification History			

## Policyholder Mailing Address

Address 1	68 SWANAGE ROAD	Address 2	DUNMAN GARDEN	Address 3	SINGAPORE 437191
Address 4		Address Type	Singapore address	Post Code	437191
Unit No.		Related Policy Number	5116874255		

❏ OI Driver Info

Driver Name	Driver Type		
Unnamed driver Name	Driver NRIC		Driver DOB
Register Date of Driver License	Driver Age		Driving Experience
Contact No.(Mobile)	Contact No.(Office)		Contact No.(Home)
Address 1	Address 2		Address 3
Address 4	Address Type	Foreign address	Post Code
Unit No.			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	Driver Insurer Company

#### Modification History

Claim 002 New

Claim Type *	OD-MX	Insured Name	NEW AUTODRIVE CREDIT (S) P	Insured NRIC	201223137E
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	+
Email Address		OT Vehicle Number	5JT89152	TP Vehicle Number	SKJ20708
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	5JT89152 / SKJ20708 ON 4 Apr 2020				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	19/05/2020 12:23	Claim Close Date		Date Received	19/05/2020 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

## Attachment


Accident No.	MT/1091227	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	19/05/2020 12:24

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/> Browse... <input type="button" value="Clear"/>	Please Select	<input type="text"/> NO <input type="button" value="Clear"/>	<input type="text"/> Normal <input type="button" value="Clear"/>	<input type="text"/>
<input type="text"/> Browse... <input type="button" value="Clear"/>	Please Select	<input type="text"/> NO <input type="button" value="Clear"/>	<input type="text"/> Normal <input type="button" value="Clear"/>	<input type="text"/>
<input type="text"/> Browse... <input type="button" value="Clear"/>	Please Select	<input type="text"/> NO <input type="button" value="Clear"/>	<input type="text"/> Normal <input type="button" value="Clear"/>	<input type="text"/>
<input type="text"/> Browse... <input type="button" value="Clear"/>	Please Select	<input type="text"/> NO <input type="button" value="Clear"/>	<input type="text"/> Normal <input type="button" value="Clear"/>	<input type="text"/>
<input type="text"/> Browse... <input type="button" value="Clear"/>	Please Select	<input type="text"/> NO <input type="button" value="Clear"/>	<input type="text"/> Normal <input type="button" value="Clear"/>	<input type="text"/>
<input type="text"/> Browse... <input type="button" value="Clear"/>	Please Select	<input type="text"/> NO <input type="button" value="Clear"/>	<input type="text"/> Normal <input type="button" value="Clear"/>	<input type="text"/>

**Attachment List**

Attachment	Uploaded By/Date	Category	Urgency	Description	Max Size
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Video List		File Name				Source		Action
Uploaded By/Date	Folder Date	File Name				Source		Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV	NRIC/ Driving License				NRIC/ Driving License 2020-5-19		
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV	SAS				SAS 2020-5-19		
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV	Photos				Photos 2020-5-19		
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV	Photos				Photos 2020-5-19		
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV	Photos				Photos 2020-5-19		
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV	Photos				Photos 2020-5-19		
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV	Photos				Photos 2020-5-19		